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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-27)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(950218)-DOD/VA Sign MOU That Opens TRICARE Door for VA
(950219)-Facts about Your Medical Records
(950220)-Interns Graduate from Naval Medical Center
(950221)-Navy HCAs Complete First Part of Graduate Program
(950222)-Domestic Violence Common Among Women at ER
(950223)-HEALTHWATCH: Quit Smoking? Do It For Good
(950224)-Navy Medical Department People Involved in Operations
(950225)-Coffey Takes Command of NSHS (para 3)
(950226)-NMCL Port Hueneme Change of Command (para 3)
(950227)-HSETC Changes Hands (para 3)

HEADLINE: DOD/VA Sign MOU That Opens TRICARE Door for VA
OASD(HA) Washington (NSMN) -- In a move to further strengthen the abilities of the Departments of Defense and Veterans Affairs to better serve their beneficiaries, Assistant Secretary of Defense for Health Affairs Dr. Stephen Joseph and VA Under Secretary of Health Dr. Kenneth Kizer have struck an agreement signed 29 June 1995. Under this agreement and for the first time, the Department of Defense is making VA Medical Centers eligible to be reimbursed for care under Defense's new TRICARE program.

Over the past year, a very constructive relationship has evolved between the VA's Office of the Under Secretary for Health and DOD's Office of the Assistant Secretary of Defense (Health Affairs). Congress has been very supportive of this relationship and the potential of mutual benefits to the agencies' beneficiaries. These joint agency efforts are producing expanded resource-sharing, research, joint planning and other programs designed to help both agencies improve care to their beneficiaries.

This newest effort, operating through Defense's TRICARE program, has the potential of giving DOD's CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) beneficiaries another choice, in addition to military and private sector providers serving them today. While beneficiaries can continue to use military treatment facilities and private sector providers, many may have one more option -- a VA Medical Center. Beneficiaries who prefer care from a VA Medical Center can choose to use one, as long as it meets the requirements of TRICARE and its managed care support contractors. Costs to beneficiaries will be the same as when they use a private sector provider.

With this new agreement, VA Medical Centers wishing to participate in TRICARE would apply to DOD's regional managed care support contractors and must meet the cost, access and quality criteria used by the contractors. Those VA Medical Centers striking agreements with TRICARE contractors would then be available to DOD's beneficiaries in the same way that private sector providers will be available. While this agreement does not automatically treat VA Medical Centers as TRICARE providers, for the first time it makes them eligible to apply through managed care support contractors to become TRICARE providers. This new effort with the VA will be phased in over the next two years.

This DOD/DVA agreement, in the form of a memorandum of understanding, and the mechanisms it creates become the primary vehicle for VA Medical Centers wanting to provide care to DOD's CHAMPUS beneficiaries.

Looking beyond this agreement, ASD(HA) Joseph and VA's Kizer agree that joint DOD and DVA sharing efforts should be continued and strengthened wherever there is substantial and mutual benefit.

Story by the Office of the Assistant Secretary of Defense (Health Affairs)

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HEADLINE: Facts about Your Medical Records

NAVHOSP Jacksonville, FL (NSMN) -- One of the most important documents in any Sailor's career is his or her medical record. Medical records for Sailors and their families contain important information on treatment and history, past appointments and inpatient care.

Medical records come in two types -- inpatient and outpatient. A new inpatient record is created each time you are admitted to the hospital. These records are held by the hospital and retired to the records warehouse in St. Louis after two years. The outpatient record is generally held at the nearest Navy medical clinic (in some cases at the member's command) and follows the active duty member and family to each new duty station.

The handling of your medical records is dictated by DOD and Navy regulations. Here are a few things you may not know about your medical record:

-- All medical records, whether active duty, retiree or dependent, are the property of the federal government. No person

may knowingly keep their medical record in their possession without special approval from the Command Medical Records Custodian.

-- Medical records of retirees and dependents that have been inactive for at least two years are retired to St. Louis for archiving. Records that have been retired are available, if needed at a later date, by official request to St. Louis.

-- Outpatient medical records may not be taken off base to a civilian doctor's appointment. Only DOD or duly authorized contract medical professionals have access to the official medical record. Copies of your outpatient medical record are available upon request for a small administrative fee unless ordered by your military doctor for off-base consultation. Please allow for a two-week processing period when placing your request for a personal copy of your record.

-- When detaching under PCS orders, active duty personnel are allowed to hand carry their record to the next duty station. In the case of family members, the sponsor will generally be permitted to hand carry the records of minor children. The records for adult family members can only be given to the sponsor if the patient signs a note allowing the sponsor to obtain their record.

The processing and handling of medical records is complex. A phone call to the hospital before you arrive can save a lot of headaches. If you have questions regarding your medical records, please contact the records division at the hospital or clinic where your records are maintained.

Story by LT Robert Meyer, MSC, head, Patient Administration Department, Naval Hospital Jacksonville, FL

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HEADLINE: Interns Graduate from Naval Medical Center

NMC San Diego (NSMN) -- Eighty-five medical interns fanned out to the fleet as full-fledged Navy physicians after graduation ceremonies at Naval Medical Center San Diego on 30 June. Among the graduates were 24 women, some of whom received orders for assignments never before open to women. Guest speaker for the ceremony was VADM David B. Robinson, commander, Naval Surface Force, U.S. Pacific Fleet.

The annual ceremony officially launched the Navy medical careers of the interns, who have trained in basic medicine, basic surgery, obstetrics and gynecology, pediatrics, and psychiatry. The interns will serve with the Fleet Marine Force and naval surface, aviation and undersea units from ships in San Diego to other units around the world.

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HEADLINE: Navy HCAs Complete First Part of Graduate Program

NSHS Bethesda Det., Fort Sam Houston, TX (NSMN) -- Congratulations to 13 naval officers who recently completed the first part of the two-year U.S. Army-Baylor University Graduate Program in Health Care Administration. The officers completed the didactic phase of the program last month and will now begin the one year residency phase of the program. Upon completion of

their residency, they will receive a Masters of Health Administration from Baylor University.

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HEADLINE: Domestic Violence Common Among Women at ER

AMA Chicago (NSMN) -- More than 11 percent of women seeking treatment at five emergency facilities in Denver were at the facility due to domestic violence (DV) from a male partner, and 54 percent were domestic violence victims during their lifetime, according to an article in a June issue of The Journal of the American Medical Association.

The article was part of a special violence theme issue of JAMA released at an AMA news conference.

Jean Abbott, MD, University of Colorado Health Sciences Center, Denver, and colleagues studied women who presented at two teaching emergency departments (EDs), two hospital walk-in clinics, and one private ED in Denver during 30 randomly selected four-hour time blocks. Six hundred forty-eight women agreed to answer a questionnaire about DV. Of that number, 403 had current boyfriends or husbands.

The researchers say that among the 403 women with current partners, 47 answered "yes" or "unsure" to a question about injury or stress. They write: "Thus, the incidence of acute DV (incidence) as a reason for the patient's ED visit among women with partners was 11.7 percent."

They also write: "Of the sample of 748 women, 351 (54.2 percent) had been threatened or physically injured by a husband or boyfriend at some time in their lives."

The researchers defined DV as either an injury (hitting, punching, slapping, or other trauma) or stress (from threats or violent behavior or from her own fears) to a woman caused by a boyfriend or husband.

Of the 47 women with acute DV, nine said they were seeking treatment for acute DV injury, and an additional 13 said it was for acute DV stress.

Other findings of the study include:

-- Eighty-one percent of women with a history of suicide attempts had experienced DV at some time in their lives, compared with 19 percent of those with no history of suicide attempts.

-- Overall, 77 women (11.9 percent) had been treated or physically injured within the previous month, including 13 who said they did not currently have a husband or boyfriend.

-- Seventy-one percent of women who had positive screens for excessive alcohol use had a history of DV, compared with 52 percent of those with a negative alcohol screen.

-- Women with a history of DV were younger (mean age 34.4 years), compared with those without DV (mean age 40.2 years).

-- No association was found between a history of DV and ethnicity, education, income, pregnancy status or presence of a gun in the home.

The authors conclude: "Domestic violence is a common presenting complaint among women visiting EDs. Most women at risk are not detected by physicians. The data presented herein support recommendations of the American Medical Association, the

American College of Emergency Physicians, the Emergency Nurses Association, and the American College of Obstetricians and Gynecologists to improve methods of detection, counseling, and referral for DV in emergency settings."

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HEADLINE: HEALTHWATCH: Quit Smoking? Do It For Good

USNH Yokosuka, Japan (NSMN) -- One hundred Americans all with one thing in common -- smoking. How will they eventually die? Using statistics and averages, one will be murdered; two will be killed in automobile accidents; 30 will die because of the health effects of smoking.

Some people may take comfort in the fact that 70 smokers won't die because of their habit. But that's only part of the story. Second-hand smoke can sicken and eventually kill loved ones -- family members. Cigarettes also cause many other problems.

Cigarettes cause fires. One-fourth of all burn patients treated at a New York City burn center were burned because of fires caused by cigarettes.

Smoking causes premature aging of the skin and aggravates other medical conditions.

Smoking decreases the sex drive.

Smoking causes illness and adversely affects a person's quality of life.

Many smokers simply shrug their shoulders to the facts. "So? Everybody dies," they say. "I enjoy smoking. I might as well enjoy life."

Talk to medical personnel who work with terminal patients. There's not too much enjoyment of life when a person suffers terminal lung cancer or emphysema; when they've had their jaw, tongue, or larynx removed; or when they have chronic obstructed airway disease.

One more statistic: Ten times as many people die from cancer caused by cigarette smoking than all other forms of cancer-causing environmental factors put together.

SUBHEAD: 'You've Come a Wrong Way, Baby'

The smoking rate among adult women has not decreased significantly over the past 25 years, while the rate of younger women picking up the habit has actually shown an increase. And, lung cancer has now surpassed breast cancer as the number one cancer killer of American women.

Because of the delayed cause-and-effect health aspects of cigarette smoking, rising rates of cigarette smoking among American women mean increased rates of serious illness and death of women in the years ahead.

Scientific studies with different races, ethnic groups, and in different countries, involving hundreds of thousands of pregnancies, have shown that "cigarette smoking during pregnancy significantly affects the unborn fetus and the newborn baby," according to the U.S. Surgeon General.

In a report of the Surgeon General, "The Health Consequences of Smoking for Women," it is reported that "women have more

difficulty giving up smoking than men, both at the end of treatment and at long term points of measurement." A strong commitment to change, use of behavioral techniques and good support from family and friends are all factors associated with successful quitting.

SUBHEAD: The Good News

Despite an estimated \$3-4 billion spent by cigarette companies in advertising -- Marlboro Man, "Salem Country," Joe Camel, etc. -- smoking in the United States has decreased by one-third over the past 15 years, due principally to more education about smoking's health effects, social pressures against smoking in public, and higher prices for tobacco products.

The health hazards of smoking usually don't reveal themselves until many years later. The decreasing number of smokers over the past 15 years translates to a smaller number of deaths due to smoking years from now.

According to a report by the Surgeon General of the United States, "Higher levels of education are associated with higher rates of quitting for both men and women."

It's never too late to quit smoking. The body begins to mend from the damage of smoking almost immediately and a person begins to feel better, look better, even smell better, after quitting smoking.

"Most smokers who attempt to quit do not seek outside help to stop smoking," according to the Surgeon General. "The population that seeks treatment may be one that experiences severe difficulty in giving up smoking."

"Success" in quitting smoking means total abstinence over an extended period of time.

Most military medical treatment facilities offer smoking cessation classes that can help people learn how to stop their habit.

SUBHEAD: Conclusion

Cigarette smoking is a behavior, part of a person's lifestyle. It is dangerous not only to them, but also to their loved ones. But, like other behaviors, it can be changed. Education is the key.

Death rates from coronary heart disease, chronic lung disease, lung cancer and overall mortality rates are greatly increased among smokers. These risks increase with the number of cigarettes smoked, the length of time a person has smoked, how deeply they inhale, and the tar and nicotine delivery in their cigarettes.

Reducing smoking is the cornerstone of the nation's and the Navy's long-term strategy to promote health and fitness. Quitting cigarette smoking is the number one way to prevent illness and life-threatening disease.

Do it for good.

Story by Bill Doughty, U.S. Naval Hospital Yokosuka

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HEADLINE: Navy Medical Department People Involved in Operations

BUMED Washington (NSMN) -- The Navy Medical Department continues to support the Navy and Marine Corps team through deployments with the fleet and humanitarian operations. Here is the latest update on where our medical people are on assignment.

Medical forces currently on operational assignment are:

Operation Sea Signal Phase V

Medical/dental augmentation personnel: 248

The Navy Medical Department is in full support of Operation Sea Signal. Approximately 53 medical personnel are deployed to augment U.S. Naval Hospital Guantanamo Bay, Cuba, providing medical treatment for approximately 17,000 Haitian and Cuban migrants, in addition to providing medical support to many afloat platforms. Additionally, 207 medical and dental personnel are assigned to CJTF 160. They are currently assuming the mission from the Air Force Air Transportable Hospital for the care and support of the Cuban and Haitian migrants.

Operation Full Accounting

Navy Medical Corps officers and Independent Duty Corpsmen are supporting this operation by volunteering to serve tours ranging from just under two weeks to two months to support the teams searching for remains of MIAs and POWs in Laos, Cambodia and Vietnam. Independent Duty Corpsmen from Camp Lejeune, NC, and Groton, CT, and Mayport, FL, have reported for missions this month.

Exercise Support

Individuals and components of mobile medical augmentation readiness teams (MMARTs) support various exercises/operations as required, bolstering the "organic" medical assets of the units involved.

Surgical Team Three from Naval Hospital Camp Pendleton, CA, and Surgical Team Seven from Naval Hospital Pensacola, FL, are on routine 48-hour alert for any emergency situations for the month of July.

Surgical Team Five from Naval Medical Center Oakland, CA, is providing medical support for a WESTPAC exercise on board USS New Orleans (LPH 11).

Surgical Team Four from National Naval Medical Center Bethesda, MD, is on a workup to provide support for a Mediterranean ARG.

Fleet Surgical Teams are also deployed to provide additional medical support where needed, as directed by the CINCs.

Miscellaneous OCONUS and Fleet Support

Providing TAD (temporary additional duty) support to seven fleet platforms and six OCONUS facilities are 76 Navy Medical Department personnel, including those augmenting USNH Guantanamo Bay.

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3. Changes of Command: Information on new assignments of Navy Medical Department leaders.

HEADLINE: Coffey Takes Command of NSHS

NSHS Bethesda, MD (NSMN) -- In a 26 June ceremony, CAPT Ann Langely, NC, retired as commanding officer of the Naval School of

Health Sciences, turning over command to CAPT Harry C. Coffey, MSC. Coffey previously was executive officer, Naval Medical Clinic Pearl Harbor.

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HEADLINE: NMCL Port Hueneme Change of Command

NMCL Port Hueneme, CA (NSMN) -- In a 16 June ceremony, CAPT Donald W. Phillips, NC, assumed command of Naval Medical Clinic Port Hueneme from CAPT Kathleen Martin, NC. Phillips previously served as executive officer, Naval Medical Clinic Long Beach.

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HEADLINE: HSETC Changes Hands

HSETC Bethesda, MD (NSMN) -- The Naval Health Sciences Education and Training Command held a change of command ceremony 16 June. CAPT Cynthia E. Perry, NC, the executive officer of HSETC, relieved CAPT James F. Bates, MSC, as the commanding officer. Bates' retirement ceremony was held after the change of command.

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4. Two-month calendar of events, observances and anniversaries:

JULY

Hemochromatosis Screening Awareness Month (518/489-0972)
National Purposeful Parenting Month
National Tennis Month
National Recreation & Parks Month
National Hot Dog Month
National Picnic Month
National Ice Cream Month (the ice cream cone was invented 23 July 1903)
National Anti-Boredom Month
3 July: Dog Days of Summer Begin (lasts 40 days)
3 July 1945: U.S. Army entered Berlin
4 July: Independence Day
4 July 1895: "America the Beautiful" published (written by Katherine Bates, 22 July 1893)
6 July 1885: French scientist Louis Pasteur successfully tests an anti-rabies vaccine
8 July 1835: Liberty Bell cracked
9 July 1960: Soviet Premier Nikita Krushchev threatened military retaliation if United States attempted coup against Fidel Castro in Cuba
11 July: Morning (0600-0800) and Night (until 2200)
Detailing (Washington, DC, time)
11 July 1945: First use of napalm in Philippines
14 July: Bastille Day
15 July 1975: First U.S-Russia joint space venture reached fruition as Apollo 18 linked up with Soyuz 19
16 July 1790: Washington, DC, established
16 July 1945: Atomic bomb tested at Alamogordo Air Base, NM
16-22 July: Lead Poison Control Week (Newark Beth Israel Medical Center, the official Center for Lead Poison Control, 201/926-7175)

16-24 July: Spaceweek International
20 July 1950: President activates 274,563 Naval Reservists for Korean War

21 July 1930: Veterans Administration established (on 15 March 1989, the VA was elevated to Cabinet level and is now the Department of Veterans Affairs)

21 July 1925: Scopes found guilty of teaching evolution

25 July: Morning (0600-0800) and Night (until 2200)

Detailing (Washington, DC, time)

26 July 1775: Present postal system established

27 July 1775: Army Medical Corps established

27 July 1940: Bugs Bunny "born"

31 July 1485: Morte d'Arthur, by Sir Thomas Malory, published

31 July: Advice Day

31 July: O-6, O-7 and O-8 FitReps due

AUGUST

1-7 August: World Breastfeeding Week

1-7 August: International Clown Week

1 August 1790: First U.S. Census

2 August 1990: Iraq Invaded Kuwait

4 August 1947: Navy Medical Service Corps Established

4 August 1790: U.S. Coast Guard Founded

6 August: Friendship Day

6 August 1945: Atomic Bomb Dropped on Hiroshima

7 August 1990: President George Bush Ordered Military Buildup that Became Operation Desert Shield

7-13 August: National Smile Week

9 August 1945: Atomic Bomb Dropped on Nagasaki

13 August: Family Day

14 August: Staff Corps LT Boards Convene

14 August 1945: President Harry S. Truman Announced Japan's Surrender

14 August 1935: Congress Approved Social Security Act

14-20 August: Aviation Week

16 August: National Medical Dosimetrist Day (402/330-1255)

19 August 1890: DAR Organized

22 August 1912: Navy Dental Corps Established

23 August: Health Unit Coordination Day (206/235-1129)

23 August 1500: Columbus Arrested for Mistreating Natives

25 August 1990: 19,423 Naval Reservists Activated for Operation Desert Shield

26 August: Women's Equality Day

26 August 1920: 19th Amendment to the Constitution passed, giving women the right to vote

31 August 1842: U.S. Navy Medical Department Established

31 August: O-5, O-2 FitReps Due

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5. EDITORS NOTE: Naval Service Medical News will not be published next week. The next issue of NSMN, 95-28, will come out the week of 17 July.

6. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS

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